

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000219027

**Entity Name:** SELFIE MED SPA, LLC

**Current Principal Place of Business:**

7300 NW 5 STREET  
PLANTATION, FL 33317

**Current Mailing Address:**

7300 NW 5 STREET  
PLANTATION, FL 33317

**FEI Number:** 87-0831175

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

RESNICK, ROBERT  
301 YAMATO RD.  
1240  
BOCA RATON, FL 33431 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR	Title	MGR
Name	KROST, STUART B	Name	RODRIGUEZ, NICOLE A
Address	7300 NW 5 STREET	Address	7300 NW 5 STREET
City-State-Zip:	PLANTATION FL 33317	City-State-Zip:	PLANTATION FL 33317

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** RODRIGUEZ, NICOLE A

MGR

01/27/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date